SHELTERED VILLAGE/RIPON 1002 EUREKA, P.O. BOX 265

Developmentally Disabled Yes

RIPON	54971	Phone: (920	) 748-6252		Ownership:	Non-Profit Corporation
Operated from	1/1 To 12/31	Days of	Operation:	365	Highest Level License:	FDDs
Operate in Con	junction with I	Hospital?		No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/	31/02):	60	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/02):		60	Title 19 (Medicaid) Certified?	Yes

Number of Residents on 12/31/02: 56 Average Daily Census: 56

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services No | Developmental Disabilities 100.0 | Under 65 80.4 | More Than 4 Years No | Mental Illness (Org./Psy) 0.0 | 65 - 74 12.5 | Day Services No | Mental Illness (Other) 0.0 | 75 - 84 Respite Care 5.4 | 1 8 | \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Adult Day Care 0.0 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 0.0 | 95 & Over Adult Day Health Care ---- | Nursing Staff per 100 Residents Congregate Meals No | Cancer 0.0 | 0.0 100.0 | (12/31/02) No | Fractures Home Delivered Meals 0.0 | 65 & Over 19.6 |------Other Meals No | Cardiovascular 0.0 | ------ | RNs 0.0 | Sex % | LPNs No | Cerebrovascular Transportation Referral Service No | Diabetes No | Respiratory 0.0 | ------ | Nursing Assistants, Other Services Provide Day Programming for | Other Medical Conditions 0.0 | Male 55.4 | Aides, & Orderlies 45.1 Mentally Ill ---- | Female 44.6 | -----100.0 | Provide Day Programming for

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	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care		l 						
Level of Care	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				56	100.0	123	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	56	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		56	100.0		0	0.0		0	0.0		0	0.0		0	0.0		56	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, a	and Activities as of 12,	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	ଚ	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	5.4		35.7	58.9	56
Other Nursing Homes	0.0	Dressing	28.6		39.3	32.1	56
Acute Care Hospitals	10.0	Transferring	55.4		28.6	16.1	56
Psych. HospMR/DD Facilities	20.0	Toilet Use	37.5		46.4	16.1	56
Rehabilitation Hospitals	10.0	_	66.1		28.6	5.4	56
Other Locations	60.0	******	*****	*****	*****	*******	*****
Total Number of Admissions	10	Continence		%	Special Treatme	ents	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving Res	spiratory Care	3.6
Private Home/No Home Health	10.0	Occ/Freq. Incontinent	t of Bladder	41.1	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	10.0	Occ/Freq. Incontinent	t of Bowel	35.7	Receiving Suc	ctioning	0.0
Other Nursing Homes	0.0				Receiving Ost	comy Care	1.8
Acute Care Hospitals	10.0	Mobility			Receiving Tub	e Feeding	8.9
Psych. HospMR/DD Facilities	10.0	Physically Restraine	d	19.6	Receiving Mec	chanically Altered Diet:	s 53.6
Rehabilitation Hospitals	0.0						
Other Locations	30.0	Skin Care			Other Resident	Characteristics	
Deaths	30.0	With Pressure Sores		3.6	Have Advance	Directives	96.4
Total Number of Discharges		With Rashes		8.9	Medications		
(Including Deaths)	10				Receiving Psy	choactive Drugs	46.4

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Fac	DD ilities Ratio		All ilties Ratio	
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Occupancy Rate: Average Daily Census/Licensed Beds	93.3	83.9	1.11	85.1	1.10	
Current Residents from In-County	42.9	38.2	1.12	76.6	0.56	
Admissions from In-County, Still Residing	0.0	18.5	0.00	20.3	0.00	
Admissions/Average Daily Census	17.9	20.3	0.88	133.4	0.13	
Discharges/Average Daily Census	17.9	23.6	0.76	135.3	0.13	
Discharges To Private Residence/Average Daily Census	3.6	9.8	0.37	56.6	0.06	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	19.6	15.3	1.28	87.7	0.22	
Title 19 (Medicaid) Funded Residents	100.0	99.2	1.01	67.5	1.48	
Private Pay Funded Residents	0.0	0.6	0.00	21.0	0.00	
Developmentally Disabled Residents	100.0	99.5	1.00	7.1	14.08	
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00	
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00	
Impaired ADL (Mean) *	43.6	54.0	0.81	49.3	0.88	
Psychological Problems	46.4	48.2	0.96	54.0	0.86	
Nursing Care Required (Mean) *	10.0	11.3	0.89	7.2	1.40	